# SUSPECTED INSURANCE FRAUD REPORTING FORM FOR CONSUMER COMPLETION

State of New Hampshire
Insurance Department– Fraud Unit

**For State Use Only**
Case No. Type Date Rcvd

**PLEASE FILL OUT THIS FORM AS COMPLETELY AS POSSIBLE.**

| Your name (OPTIONAL): | Insurance Company: ☐check if unknown | Today's Date |
|---|---|---|
| Your Mailing address (OPTIONAL): | Your Phone number (OPTIONAL): ( )<br>Your E-mail (OPTIONAL): | |

## Claimant/Suspect Information

| Name (Last / Business): | (First): | (Middle): | Date of birth: | Age: | SSN: |
|---|---|---|---|---|---|
| | | | | | |

| Street Address (include P.O. Box and apartment #'s): | Sex: M ☐ F ☐ |
|---|---|
| | |

| City: | State: | Zip: | County: | Telephone No.: ( ) |
|---|---|---|---|---|
| | | | | |

| Vehicle Year: | Make: | Model: | License Plate #: | Reported Injuries: ☐ Yes ☐ No |
|---|---|---|---|---|
| | | | | |

| Employer: | Address & Phone #: | Occupation: |
|---|---|---|
| | | |

## Information on Criminal Activity

Describe Suspected Criminal Activity:

## Identify Other People Who May Have Information Relative to this Crime.

| | Name | Address | Phone |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |

**Fraud Unit**
**New Hampshire Insurance Department**
**21 S. Fruit St., Ste 14**
**Concord, NH 03301**
**603-271-7973**
**www.nh.gov/insurance/fraud.htm**
**NHFraud@ins.nh.gov**